

CITY OF BOSTON

PUBLIC WORKS DEPARTMENT

APPLICATION FOR THE SALE, STORAGE AND DISPLAY OF MERCHANDISE IN THE PUBLIC WAYS IN BOSTON.

The Public Works Department issues vending licenses for stationary selling at a specific location, we do not issue licenses that allow moving from one location to another. All vending operations that use propane are considered to be stationary for public safety reasons and are therefore required to obtain a license to operate in the public way from the Public Works Department. Vending is allowed in business districts only. Vending on private property entails permits from the Zoning Division of Inspectional Services located at 1010 Massachusetts Avenue, Roxbury. Vending from vehicles is not permitted in Boston.

When deciding on a location to vend be advised that the Public Works Department requires that all public sidewalks have a clear and accessible path of four feet (4'), devoid of any obstructions, to meet ADA (Americans With Disabilities Act) requirements for handicapped access.

Please read the entire application completely before filling in the required information. Return the completed signed application to the Public Works Department, Permit Branch, Room 714, City Hall, Boston for processing.

Any person requesting a license for the sale of food must obtain the necessary health license from the Inspectional Services Department located at 1010 Massachusetts Avenue, Roxbury and if propane or sterno are used the vendor must obtain a fire permit from Boston Fire Department Headquarters located in Southhampton Street, Roxbury. Health and Fire permits should be obtained after the license has received approval from the Public Works Department and the Boston Police Department.

NO LICENSE WILL BE ISSUED BY THE PUBLIC WORKS DEPARTMENT TO ANY VENDOR UNLESS ALL NECESSARY PERMITS, LICENSES AND INSURANCE HAVE BEEN OBTAINED IN THE NAME OF THE PERSON TO WHOM THE PUBLIC WORKS DEPARTMENT LICENSE WILL BE ISSUED, NO EXCEPTIONS WILL BE MADE.

AT THE TIME THE LICENSE IS ISSUED A PHOTO ID , SUCH AS A VALID MASSACHUSETTS DRIVERS LICENSE MUST BE SHOWN, NO EXCEPTIONS WILL BE MADE.

DEFINITION OF TERMS CONTAINED IN THE FOLLOWING VENDING APPLICATION.

VENDING:

Sale of, offering to sell, displaying for sale, demonstrating, distributing samples of, solicitation or taking of orders for any goods or services in any public way in the City of Boston.

VENDOR:

Owner of the cart/business/corporation who either personally or through their employee(s) or agents engages in the sale of, offering to sell, displaying for sale, demonstrating, distributing samples of, solicitation or taking of orders for any goods or services in any public way in the City of Boston.

PUBLIC WAY:

Any and all portions of the streets and sidewalks in the City of Boston which are open for use by the public. Vending is permitted in Business Districts only.

RESTRICTED TERRITORY:

This term applies to all residentially zoned areas of the City of Boston as well as any area deemed inappropriate for vending either by the Commissioner of Public Works or by the Commissioner of the Boston Police Department.

VENDING LOCATION:

Exact address, number and street name and section of the City where a vendor requests permission to set up a vending operation.

ABUTTING PROPERTY OWNER:

The individual/ business/ Corporation/ Trust/ etc.. that holds title to the land / structure/ that directly abuts the proposed vending operation. This term does not apply to MBTA stations whose structures are merely a means of exit from their underground property. The vending application must be signed by the property owner or by such person duly authorized by power of attorney to sign for him/her as their legal representative. If such property owner signature is by legal representative a copy of the power of attorney for said signature must accompany the application.

GROUND FLOOR TENANT:

The individual/ business/ Corporation/ Trust/ etc...who rents the first floor space from the property owner that directly abuts the proposed vending location, as described above, for the purpose of operating a storefront business. Application must be signed by the owner of the business or by such person duly authorized to sign for him/her as their legal representative. If such groundfloor tenant signature is by legal representative, a copy of the power of attorney for said signature must accompany the application.

PROPOSED VENDING LOCATION INFORMATION

EXACT ADDRESS: _____
(SUBMIT PHOTOGRAPH OF PROPOSED LOCATION)

WARES TO BE SOLD: _____

WIDTH OF SIDEWALK AT PROPOSED VENDING LOCATION: _____

SIZE OF OCCUPATION REQUESTED : _____

SIZE OF CART/TABLE/ TO BE USED: _____
(SUBMIT PHOTOGRAPH OF STRUCTURE TO BE USED IN VENDING OPERATION)

HOURS OF BUSINESS OPERATION: _____ **DAYS OF WEEK:** _____

PERIOD OF TIME LICENSE IS REQUESTED FOR UP TO ONE YEAR ONLY: _____

ABUTTING PROPERTY OWNER: _____

ADDRESS: _____

TEL. # _____

AUTHORIZED SIGNATURE: _____

PRINTED NAME OF SAME: _____

GROUND FLOOR TENANT: _____

ADDRESS: _____

TEL. # _____

AUTHORIZED SIGNATURE: _____

PRINTED NAME OF SAME: _____

DISTANCE FROM STOREFRONT BUSINESS SELLING SAME GOODS OR SERVICES:

STORE NAME: _____

ADDRESS: _____

INFORMATION CONCERNING VENDING OPERATION:

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

TEL.# _____ IS THE BUSINESS INCORPORATED: _____

DATE INCORPORATED: _____ **UNDER WHAT NAME:** _____

REGISTERED AS A BUSINESS: _____ **DATE:** _____

IN WHAT CITY IS THE BUSINESS REGISTERED: _____

UNDER WHAT NAME : _____

MASSACHUSETTS STATE TAX NUMBER: _____

IS THE APPLICANT THE SOLE OWNER OF THE VENDING BUSINESS: _____

IF NOT, LIST THE NAMES AND ADDRESSES, & TEL# OF ALL PARTNERS:

ADDRESS WHERE VENDING EQUIPMENT IS STORED: _____

ARE YOU IN THE BUSINESS OF RENTING CARTS: _____

AT THE TIME YOU PICK UP YOUR LICENSE, YOU MUST PROVIDE THE PUBLIC WORKS DEPARTMENT WITH THE NAMES AND ADDRESSES OF YOUR EMPLOYEES WHO WILL BE WORKING FOR YOU IN YOUR VENDING BUSINESS AND ALSO PROVIDE UPDATED LISTS DURING THE YEAR SHOULD YOUR EMPLOYEES CHANGE.

LIABILITY INSURANCE REQUIREMENT: ALL VENDING OPERATIONS ARE REQUIRED TO OBTAIN LIABILITY INSURANCE IN THE AMOUNT OF \$ 1,000,000.00 EACH OCCURANCE WITH \$2,000,000.00 IN GENERAL AGGREGATE] WHICH LISTS THE CITY OF BOSTON AS ADDITIONALLY INSURED. INSURANCE TO BE OBTAINED ONLY AFTER NOTIFICATION THAT THE LICENSE HAS BEEN APPROVED.

VENDOR INFORMATION: (OWNER OF CART/ BUSINESS / CORPORATION)

NAME: _____ Date of Birth _____

ADDRESS: _____

TEL.# _____ HOW LONG AT ABOVE ADDRESS: _____

IF LESS THAN 2 YEARS, LIST PREVIOUS ADDRESS: _____

U.S. Citizen? Yes [] No [] Have you filed for U.S. Citizenship? YES [] NO []

SOCIAL SECURITY NUMBER: _____ / _____ / _____

EMPLOYED BY: _____

WORK ADDRESS: _____

TEL.# _____

HOW MANY YEARS HAVE YOU BEEN VENDING: _____ WHERE _____

HAVE YOU , YOUR EMPLOYEES OR YOUR BUSINESS BEEN CITED BY THE BOSTON
POLICE AND/OR CODE ENFORCEMENT FOR ILLEGAL VENDING ACTIVITIES WITHIN
THE PAST FIVE YEARS? _____

IF ANSWER IS YES , PLEASE INCLUDE WITH YOUR APPLICATION A WRITTEN
EXPLANATION OF THE CHARGES AND THE OUTCOME OF SAID COMPLAINTS.

HAVE YOU EVER HELD A VENDING LICENSE WITH THE PUBLIC WORKS DEPT. ? _____

WHEN AND FOR WHAT LOCATION: _____

DO YOU HOLD A STATE HAWKERS AND PEDDLERS LICENSE: _____

LICENSE # _____

I, _____ STATE THAT ALL THE INFORMATION PROVIDED BY
ME ON THIS APPLICATION TO BE TRUE AND ACCURATE AND I UNDERSTAND THAT IF
ANY INFORMATION IS FOUND TO BE FALSE OR MISLEADING THAT I WILL FORFEIT
ANY EXISTING LICENSE(S) THAT I HOLD WITH PUBLIC WORKS AND MUST WAIT A
PERIOD OF ONE YEAR BEFORE A NEW APPLICATION CAN BE SUBMITTED.

DATE: _____ APPLICANT SIGNATURE: _____

AFTER NOTIFICATION THAT YOUR VENDING APPLICATION HAS BEEN APPROVED YOU MUST SECURE THE FOLLOWING PERMITS FOR THE SALE AND COOKING OF FOOD IF THIS IS APPLICABLE TO YOUR OPERATION:

VENDOR: _____

BUSINESS NAME: _____

VENDING LOCATION: _____

INSPECTIONAL SERVICES - HEALTH DEPARTMENT

NAME OF INSPECTOR: _____

I, _____ HAVE INSPECTED THE CART/VEHICLE TO BE USED IN THE OPERATION OF A VENDING BUSINESS AT _____ AND HAVE FOUND IT CONFORMS TO ALL LAWS SET BY THE COMMONWEALTH OF MASSACHUSETTS AND THE CITY OF BOSTON WITH REGARD TO HEALTH CODES.

INSPECTORS' SIGNATURE: _____ **DATE** _____

HEALTH LICENSE # _____

BOSTON FIRE DEPARTMENT

NAME OF FIRE INSPECTOR: _____

I, _____, HAVE INSPECTED THE CART/VEHICLE THAT WILL BE USING PROPANE AND /OR STERNO DURING THE OPERATION OF A VENDING BUSINESS AT LOCATION _____ AND HAVE FOUND THAT IT MEETS ALL REQUIREMENTS SET BY THE COMMONWEALTH OF MASSACHUSETTS AND BY THE CITY OF BOSTON FIRE CODES.

SIGNATURE OF INSPECTOR: _____ **DATE:** _____

FIRE PERMIT # _____

HEALTH AND FIRE PERMITS MUST BE PRESENTED TO THE PUBLIC WORKS DEPARTMENT AND IN THE SAME NAME OF THE APPLICANT OF RECORD BEFORE ANY LICENSE WILL BE ISSUED.

A PHOTO ID, SUCH AS A VALID MASSACHUSETTS DRIVERS LICENSE, MUST BE SHOWN AT THE TIME OF LICENSE ISSUANCE., NO EXCEPTIONS WILL BE MADE.

FOR OFFICE USE ONLY

BOSTON POLICE DEPARTMENT

AREA STATION HOUSE: _____

INVESTIGATING OFFICER: _____

APPROVE: _____ DISAPPROVE: _____

REASONS FOR DISAPPROVAL: _____

SIGNATURE OF COMMANDING OFFICER: _____

FINAL APPROVAL – BOSTON POLICE DEPARTMENT:

SIGNATURE: _____ DATE: _____
COMMISSIONER, BOSTON POLICE DEPARTMENT

PUBLIC WORKS DEPARTMENT:

RECOMMEND APPROVAL: _____ DISAPPROVAL: _____

REASON FOR DISAPPROVAL: _____

SIGNATURE: _____ DATE: _____
PRINCIPAL ADMINISTRATIVE ASSISTANT

LICENSE GRANTED: _____ DATE: _____
COMMISSIONER OF PUBLIC WORKS

LICENSE NUMBER: _____